



**YELLOWSTONE COUNTY WEED DISTRICT
WEED MANAGEMENT PLAN**

Date:

Contact person & Phone number:

Name of project:

Land Description (Legal & Descriptive):

Number of acres involved:

Noxious Weed Species found on site if any:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Type of control to be used:

- _____ Cultivation- (must include an attached Revegetation plan)
- _____ Herbicide- (must include what kind, application rate and time & method)
- _____ Grazing- (must complete enclosed grazing plan)
- _____ Hand pulling/Mowing- (please include method of disposal)

Specific control measures: _____

Weed control to be completed by: _____Self _____Commercial Firm
If a commercial firm is to be used, please give name and address when hired.

Dates weed control will be implemented: _____

Is there live or open water on the property? If so please outline on your map.

This plan if implemented by said contractor, will be in effect for two years from the date of project completion. The responsibility for weed control will revert back to the landowner after this period.

Dated this _____ day of _____, _____.

I acknowledge and agree to the foregoing provisions.

Signature _____

Name and Address _____
Please print _____

Weed Management Approval: (Yes) (No) Date _____

Weed District Representative _____

County Weed District Recommendations: _____

Attach additional information if needed

YELLOWSTONE COUNTY WEED DISTRICT REVEGETATION PLAN

Should you decide to use cultivation as a control method on a rangeland, non crop site, or other disturbed sites (reference section 7-22-2152, Montana Code Annotated) please complete the following plan. If you have a revegetation plan already in place, please attach a copy to your Yellowstone County Weed Management Plan.

(a) Please describe the site to be revegetated.

(b) Outline what method(s) will be used to accomplish revegetation of the disturbed areas (seeding, planting, sod, etc.)

(c) If applicable list the type and amount of seed/sod to be used for revegetation.

| | | | | | | |
|------|-------|------|-------|----|-------|-------|
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |

(d) If applicable list the type and amount of fertilizer to be used:

| | | | | | | |
|------|-------|------|-------|----|-------|-------|
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |
| Type | _____ | Rate | _____ | On | _____ | Acres |

(e) Timing of revegetation practices:

Approximate cultivation date(s) _____

Approximate seeding / sod date(s) _____

Approximate fertilizer date(s) _____

Attach additional information if needed

**YELLOWSTONE COUNTY WEED DISTRICT
NOXIOUS WEED GRAZING MANAGEMENT PLAN**

IS THERE A CURRENT GRAZING SYSTEM USED?
PLEASE EXPLAIN

NOXIOUS WEED TO BE GRAZED?

TYPE OF ANIMAL TO BE USED?

A.U.M.'S PER ACRE?

TURN IN DATE _____ TURN OUT DATE _____

SEASON OF GRAZING?

STAGE OF PLANT GROWTH?

WERE ANIMALS HELD IN AN AREA TO LET INFESTED FORAGE PASS BEFORE ANIMALS WERE
MOVED INTO UNINFESTED AREA?

WILL THIS METHOD BE USED ALONG WITH HERBICIDE CONTROL?

WHAT KIND OF MONITORING OR FOLLOW UP WILL BE DONE TO INSURE THAT GRAZING IS
WORKING AS A WEED CONTROL MEASURE AND THE LAND IS NOT BEING OVER-GRAZED?

DATE INSPECTED BY WEED DEPT. _____

NOTES _____

Attach additional information if needed